

## Front Cover

### Implementing Best Practices in Midwifery Ethiopia



## **What is Best Practice?**

The Oxford dictionary describes the term ‘best practice’ as “commercial or professional procedures that are accepted or prescribed as being correct or most effective.”<sup>1</sup> Within healthcare, best practice is often aligned with evidence-based practice to mean methods or techniques that have documented outcomes and are able to be replicated.

The US Department of Health and Human Services also refers to a ‘promising practice’ as “one with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.”<sup>2</sup>

For midwives, best practice is based on woman-centered midwife-led care, which promotes positive interventions that, if proven successful, can be replicated throughout the health system to achieve improved maternal and newborn health outcomes.<sup>3</sup>

Best practice in midwifery is supported by an international framework provided by the International Confederation of Midwives, which recognizes the importance of defining the ethical and practical standards that midwives should uphold to achieve best practice outcomes.

The Ethiopian Midwives Association believes it is important to share the best practice experiences of Ethiopian midwives in order to highlight the work of these professionals, to promote replication and inspire further innovations and best practices.

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<sup>1</sup>Oxford dictionary <http://oxforddictionaries.com/definition/english/best-practice>.

<sup>2</sup>U.S. Department of Health and Human Services, Administration for Children and Families Program Announcement, 2003.

<sup>3</sup> The Royal College of Midwives, Position Paper No 4A “Women-Centered Care”, February 2001.

**How do we implement a Best Practice?**

1. Start by clearly identifying the problem and challenges that need to be overcome.
2. Once the problem has been identified, investigate interventions that have worked elsewhere, where possible observing them first-hand.
3. Assess the interventions to determine whether there are budgets or staffing constraints that would prevent particular solutions being used in your context.
4. Plan your intervention to ensure that everyone involved in the process, including senior clinicians and administrative staff, are aware of what is required to implement the change and is supportive of your efforts.
5. Have realistic expectations of what will be accomplished through your intervention.
6. Integrate your intervention into the MNCH services provided by your workplace.
7. Test the intervention through a pilot program done over a specific period of time.
8. When this time is over, review the effectiveness of the intervention.
9. Assess whether the intervention was successful in improving patient outcomes.
10. Make adjustments to the intervention if required.
11. Share your experience with others to ensure best practice models are replicated throughout the health service.

### **Planning for Best Practice Outcomes**

The staff of Kirkos Health Center Addis Ababa, led by Medical Director midwife Mesfin Beyene, identified four major issues preventing them from providing high quality MNCH care: the exposure of pregnant women to potential illness through the use of waiting areas shared with contagious patients; the lack of ultrasound services at the health center; an unreliable power supply that often led to patients being referred to other hospitals; and a lack of access to the center for laboring mothers who did not have transport.

After identifying the problems, the staff made several recommendations that were compiled into an action plan. To reduce the waiting times of pregnant women, the staff introduced a telephone appointment system. The center purchased a phone and distributed the phone number to patients. The phone is constantly answered by a member of staff who books appointments at specific times for patients, so that when they arrive at the center, their medical records have already been located and taken to the appropriate clinic.

This has significantly reduced the amount of time patients have to wait and as a result, limits their exposure to detrimental diseases such as TB. The appointment system also guarantees greater privacy for patients as they can proceed directly to the HIV, TB or antenatal clinics without having to go through the general waiting area.



*Midwife Mesfin Beyene and staff from Kirkos Health Center developing the action plan*

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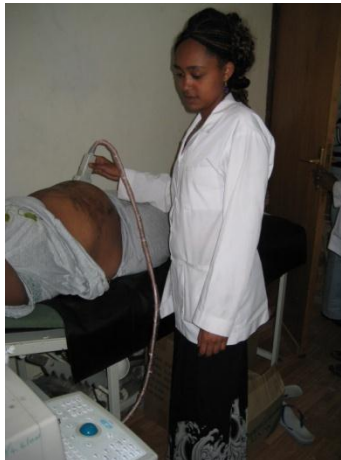
The center also purchased an ultrasound machine to enable it to perform ultrasounds as part of a full antenatal checkup, becoming the first health center in the country to offer a sonography service. Previously, expectant mothers had been referred to private hospitals for ultrasounds, which cost them 100-150 birr. The Kirkos Health Center now offers ultrasound services on site for 60 birr, reducing the cost and distance patients have to travel.

The Kirkos Health Center faced initial resistance to the plan to offer ultrasounds but the great success of the pilot program convinced local authorities to allow the center to continue the service.

To overcome the electricity supply issue, the center purchased a generator using money raised from a variety of sources. This allows staff to maintain a continuous service and has reduced the rate of referral to other hospitals.

The center is now fundraising to purchase an ambulance to transport laboring mothers. The ambulance will be staffed by a midwife who will accompany mothers to the center to ensure continuum of care and the timely provision of delivery services.

The Kirkos Health Center staff have been recognized at a national level for their dedication to their patients and the implementation of these best practices.



*The Kirkos Health Centre now offers an ultrasound service*

### **Using the Squatting Position to assist Women in Labor**

International research suggests that using the squatting position can result in fewer instrumental deliveries, extension of episiotomies and perineal tears.<sup>4</sup> Squatting can also decrease the duration of labor. Squatting is a natural and beneficial position for laboring mothers and, when appropriately used, is an example of best practice.

Implementing this best practice requires limited intervention yet has far-reaching results, as illustrated by the experience of Menbere Mhirete, currently a Midwife Advisor with the Ethiopian Midwives Association. While working at Adama Health Center in 2003, Midwife Menbere attended a workshop entitled “lifesaving skills”. The workshop provided her with new information about the benefits of the squatting position and enabled her to broaden her midwifery skills.

At the time, many mothers were coming to the Adama Health center from far away areas in prolonged second stage labor, with fetal distress and other complications. Midwife Menbere assisted mothers in prolonged labor by placing them in the squatting position as she had been trained. She found that women gave birth more quickly.

In her current role as a Midwife Advisor, Menbere is increasing the implementation of this best practice by teaching other midwives about the benefits of using the squatting position as part of the Basic Emergency Obstetric and Newborn Care (BEmONC) training module. As a result of BEmONC training, many health institutions are now advocating use of the squatting position to assist women in labor.

As the benefits are clear and the level of intervention required is minimal, all midwives, whether practicing or working in teaching institutions should take the lead in promoting, practicing and advocating the squatting position to assist women in labor, where appropriate.

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<sup>4</sup><http://www.ncbi.nlm.nih.gov/pubmed/17319414>

## Respectful Maternity Care

Respectful maternity care is an important component in reducing maternal and newborn mortality.<sup>5</sup> Respectful maternity care is a philosophy of midwifery that gives priority to the wishes and needs of the mother, and emphasizes the importance of informed choice, continuity of care, user involvement, clinical effectiveness, responsiveness and accessibility.<sup>6</sup> The fundamental principles of such care include:

- An equal partnership between expectant mother and care provider
- Informed choice
- Women having control over the key decisions that affect the progress of their care and how it is provided to them
- Supporting women to have as “normal” a pregnancy and childbirth experience as possible
- Continuity of care so that they are able to form trusting relationships with those who provide them their healthcare.

In a woman-centered approach, women are:

- Greeted with respect and kindness
- Given privacy while awaiting and receiving healthcare
- Asked permission before a procedure is performed
- Given an explanation of what will happen during the visit or procedure.<sup>7</sup>

Implementation of Respectful maternity care as a key best practice is the responsibility of all midwives. The ease and benefits of implementing such practices are demonstrated by the experience of Midwife Zinabua Girmay.

During her time working at Black Lion Hospital, Midwife Zinabua made sure to approach women in a friendly manner while providing antenatal care. She developed positive relationships with the women as she gave them health education on birth preparedness and complication readiness and, because they felt comfortable with her, they began to ask many questions. By answering their questions, Midwife Zinabua was able to better educate the women and prepare them for birth.

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<sup>5</sup> For more information on respectful care see <http://www.k4health.org/toolkits/rmc>

<sup>6</sup> The Royal College of Midwives, Position Paper No 4A “Women-Centered Care”, February 2001.

<sup>7</sup> USAID/MCHIP, *Women Friendly Care: A Guide*.

Midwife Zinabua suggests that “when we respect women and approach them in a friendly way, they listen to our advice and apply it in their lives. If we neglect women or speak to them harshly during labor, they become stressed and labor can be prolonged.”

Disrespectful care can aggravate problems during delivery and cause unnecessary complications. In order to prevent such difficulties, midwives should assist the mother physically and psychologically. This can be achieved by: reassuring; empathizing; allowing laboring mothers to walk around; permitting a support person to be present during labor; giving back massages; and suggesting different laboring positions.

There are five ‘P’s which determine the progress of labor: power; passenger; passage; provider; and psychology.<sup>8</sup> By providing respectful maternity care midwives can effectively manage two of these determinates – the psychology of the mother and the attitude of the provider.

Following birth, it is advisable to allow women to participate in non-harmful cultural practices such as eating porridge, having a coffee ceremony and praying within the health facility. Midwives should embrace such practices as they comfort women and promote facility-based birth.

Midwives have a responsibility to give respectful maternity care to all mothers. If midwives encourage women to feel at home there will be better maternal and newborn outcomes and the number of facility-based births will increase.



Midwives and families work together

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<sup>8</sup> Gabbe, S.G., Niebyl, J.R. & Simpson, J.L. (Eds.). (2007). *Obstetrics: Normal and Problem Pregnancies (5th ed.)*. New York, NY: Churchill Livingstone.



**Lessons Learnt: Working in the Best Interests of the Mother**

Gebreamlak Gidey, Vice-Chairperson of the Ethiopian Midwives Association Tigray Chapter Office provided the following valuable example of how midwives can contribute to positive outcomes for both woman and their newborns by facilitating communication and cooperation between health facilities during referrals.

The laboring mother who presented at the health center had two previous pregnancies that ended tragically, with her children dying shortly after birth. During this current pregnancy, she had attended antenatal care without any complications. Yet after five hours in labor, she was not progressing and the health center referred her to a local hospital.

At the hospital they diagnosed the woman with a heart condition that was endangering her and her unborn child. The local hospital sent the mother to a larger referral hospital. During this transfer she was accompanied by Genet, a midwife from the Tigray region who became increasingly concerned for the woman's health as she observed a decrease in contractions and fresh bleeding, leading her to believe that the mother's uterus had ruptured.

The midwife contacted the final referral hospital on approach and described the mother's condition. This helped the referral hospital to prepare ahead of time and avoid any unnecessary delays in admission and care.

An emergency caesarean section was performed immediately upon arrival at the final hospital. While the mother delivered a healthy baby, she also underwent a hysterectomy to remove her ruptured uterus.

The benefits of constant communication between health facilities and health practitioners are clearly demonstrated in this case. The advance warning from the midwife allowed the hospital staff to prepare for the mother's arrival, with appropriate staff and equipment mobilized.

The case also illustrates the need for midwives to be aware of the dangers involved in the 'three delays' (delay in seeking care, delay in reaching care, and delay in receiving care). Midwives must strive to reduce delays where possible to prevent life-threatening complications.

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## Ethiopian Midwives Association

The Ethiopian Midwives Association is the only professional association for midwives in Ethiopia. EMA works to improve child and maternal health outcomes by advocating for the advancement of midwifery services. EMA promotes midwifery as a career choice, works with government to improve the status of the profession, and provides ongoing training and resources to Ethiopian midwives.

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